



CITY OF LINCOLN
217-732-6318

Building and Safety Office

700 Broadway St.
Lincoln, IL 62656

COMMERCIAL BUILDING PERMIT APPLICATION

Date: _____

Site Address: _____

Area-Square Feet of Construction: _____

Estimated Value of Work: \$ _____

Permit No.: _____

Total Permit Fee: \$ _____

Receipt No: _____

Date Issued: _____

Building Permit Applicant: _____
(Name of Person or Company Responsible for Work)

Address: _____
(Street Address, Town, State, Zip Code)

Contact Info: _____
(Phone-Cell/Office/Home) (Fax #) (E-mail)

Applying for a Permit to: _____
(New / Build / Remodel / Demolish / Install / Occupy / Addition / Foundation / Etc.)

At Location: _____ **Property Tax Parcel #** _____
(Address or Lot & Subdivision if Address Unknown)

Property Owner: _____
(Name, Address & Phone # of Legal Owner of the Property Where Work Will Be Performed)

Proposed Use: _____

Contractor Information:

General Contractor: _____
(If Different Than Permit Applicant) (Name / Address / Phone #)

Plumbing Contractor: _____
(Name / Address / Phone # / Illinois Plumbing Contractors License #)

Roofing Contractor: _____
(Name / Address / Phone # / Illinois Roofing Contractors License #)

Electrical Contractor: _____
(Name / Address / Phone # / License #)

HVAC Contractor: _____
(Name / Address / Phone #)

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In consideration of the issuance of said permit, I will conform to all City of Lincoln Ordinances and amendments thereto. I also agree that all work performed under said permit will be in accordance with the approved plans which accompanies this permit except for such changes as may be authorized by the City of Lincoln.

Signature: _____ Signature: _____
(Permit Applicant) (Property Owner)

Office Use Only

Building Permit Fee: \$ _____

Certificate of Occupancy Fee: \$ _____

Plan Review Fee: \$ _____

Fire Protection Inspection Fee: \$ _____

Approved By: _____